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MASSACHUSETTS HOSPITAL SCHOOL

Department of Public Health

ANNUAL REPORT 1980

GOVERNMENT DOCUMENTS
COLLECTION

JUN 17 1983

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THE COMMONWEALTH OF MASSACHUSETTS

MASSACHUSETTS HOSPITAL SCHOOL

RANDOLPH STREET

CANTON, MASSACHUSETTS 02021

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Massachusetts Hospital School Canton, Massachusetts 02021

THE BOARD OF TRUSTEES, Chairman, Robert W. Langlois, Esq., Vice Chairman, Albert J. Norton, Secretary, Roger M. Cote, Arthur M. Pappas, M.D., Joyce E. Cummings, Ph.D.
Honorary Trustees, Nils "Swede" Nelson, Paul L. Norton, M.D.

To His Excellency Governor Edward J. King:

Massachusetts Hospital School is a unique campus-style center of services for physically handicapped young people from across the Commonwealth of Massachusetts and funded through the Departments of Public Health and Education and governed by five voluntary Trustees appointed by your Office. We would like to extend our thanks to you, the Great and General Court, the Departments of Public Health and Education for your continued support and concern for the physically handicapped children. We, the Board of Trustees, would like to present our 72nd Annual Report of the Massachusetts Hospital School for fiscal year ending June 30, 1980.

Massachusetts Hospital School has had an exciting and successful year and are even more excited about Massachusetts Hospital School's future. This has been a year to look to ourselves and work and plan for the future. A year to make changes, refine the role and services of Massachusetts Hospital School and establish realistic goals and objectives to assist in developing a true interdisciplinary approach to meeting the needs of Massachusetts Hospital School's current and future patient/students.

The changes flowed out of economic, social, medical and legislative factors and have influenced the nature of the resident admissions to a more highly involved multi-handicapped population. To effectively respond to these factors the Hospital School must constantly update itself and move forward with our established ongoing planning process to meet these changing needs.

In April of 1979 the Board of Trustees established a Sub Committee consisting of Edward S. Graham, Dr. Joyce Cummings and Dr. Dorothy Balthazar to investigate staffing and other concerns. On July 12th, 1979 their recommendations were submitted and after revisions, additions and deletions these recommendations were accepted by the Board of Trustees and so began the re-organization and the beginning of major changes and the establishment of a Three Division Structure:

1. Educational and Children Services
2. Hospital and Medical and Rehabilitation Services
3. Administrative and Fiscal Affairs

Then a concentrated search and recruitment of a new Superintendent to assist in implementing this re-organization and to provide leadership of Massachusetts Hospital School. On August 28, 1979 the Board of Trustees unanimously voted and approved the selection and appointment of John H. Britt of Westborough out of 115 candidates for the position of Superintendent. Mr. Britt has evidenced a firm commitment to improving the quality of human services to the disadvantaged and disabled. His familiarity with the needs of handicapped children and his grasp of educational and health care issues were just what Massachusetts Hospital School needed.

After Mr. Britt's initiation to Massachusetts Hospital School - his impressions of the Hospital School as presented to the Board of Trustees at their October meeting was: "Massachusetts Hospital School is a pot of gold, the tools are in place and the work to be done needs galvanizing and development of a process to meet the goals".

Therefore, annexed hereto is the Report of the Superintendent and made a part of this report.



Massachusetts Hospital School

Canton, Massachusetts 02021

JOHN H. BRITT, Jr.
Superintendent

ANNUAL REPORT OF THE SUPERINTENDENT

This year has been one of early dramatic change followed by healing and quiet growth. In July 1979, the Board of Trustees replaced the four (4) division structure with a more manageable three (3) division organizational chart. As the reorganization gradually took hold, it became evident to all that it was a positive step forward, with clear reporting lines leading to better coordinated, and more effective services to our patient/students.

Fear of the unknown, combined with frequent changes in direction always have a disquieting effect on direct service personnel. The Hospital School is no exception. Our admissions over the recent past have been children whose severity of disability have been the most challenging since the Hospital School first opened its doors in 1907. This, combined with the fact that in the past seven years, there have been six changes in administrative leadership, had led to low staff morale, as well as a serious lack of continuity in implementing planned change. Despite all this, the Hospital School has a large core of committed professionals, led by a dedicated Board of Trustees, who will bring the Hospital School into the 1980's. The quiet progress this year has been substantial without being disquieting.

The CAMPUS ADVISORY BOARD began meeting in October to advise the Superintendent on matters of Campus-wide significance. One of their recommendations was to establish a pilot program for one of the cottages which would implement and refine an interdisciplinary staffing pattern. Staff has been selected from volunteers and the BAYLIES PILOT PROJECT will begin on September 2nd, 1980. An evaluation will be established to refine the project and assist in determining if the project should be extended to other cottages.

In cooperation with the Medical and Educational Fund, Inc., our non-profit partner, an evaluation was conducted of the DONOVAN LIVING EXPERIENCE (D.L.E.). This evaluation looked at:

1. Services provided by Massachusetts Hospital School prior to entry to Donovan Living Experience.
2. Donovan Living Experience itself.
3. Services provided by Massachusetts Hospital School when a student returns to Gates after Donovan Living Experience.

In order to strengthen an already effective program, the Massachusetts Hospital School Division Directors and Corporation leaders agreed improvements should and can be made in all three phases listed above, to lessen the abruptness of moving to and from Donovan Living Experience.

1. Life at Gates Cottage needs to stimulate more independence and individualized knowledge of medical and personal needs prior to going to Donovan Living Experience. This will be implemented principally by the Nursing Department, but with more on-site assistance from Occupational Therapy, Physical Therapy and Social Service.
2. Donovan Living Experience will introduce two levels which will recognize increasingly progressive independent living. Successful attainment of the levels will be accredited by the School.
3. The program at Gates will incorporate special privileges for residents who have successfully gone through Donovan Living Experience.

These changes will provide more continuous programming for our older students, with better staff communication, while providing time and space for our adolescents to experience what all adolescents must go through to attain maturity: experimentation, rebellion, risk and personal growth resulting from failure and success in these areas.

SUMMER PROGRAMS took on a new look this year. All camping programs were consolidated in Camp A.L.O. (Adaptive Living Outdoors). With the dramatic improvements in self-image, and self-confidence Massachusetts Hospital School students experienced from Camp A.L.O. last year, we urged Camp A.L.O. to accept as many Massachusetts Hospital School students as possible. Demand overwhelmed supply, as the season began.

A.L.O. also began a garden project stemming from one of our students request for his own two acre plot. He did not get his two acres, but he and a dozen of young people will have their own plot with vegetables and flowers. For many of them, it is the first time in their lives that they have been responsible for the life and growth of living things. Daily recreational programs have been filled with trips, basketball, swimming, archery and other "good ole Summertime living".

JOBS - With the cooperation of the Norwood C.E.T.A., the Social Service Department obtained 15 C.E.T.A. slots at Massachusetts Hospital School for our young people. Many departments have volunteered to do on-the-job training with our kids. It has been a most rewarding experience for staff and young people alike. Kids need jobs, and our young people are no exception. They learn to show up on time, do professional work, take coffee breaks, take correction where necessary, and feel good about themselves, especially when the paycheck arrives.

DONOVAN WORK EXPERIENCE - Ten of our working patient/students lived at the Donovan Residence this summer. Staffing was provided by volunteers from the Nursing Department. All the young people signed a written contract with the Superintendent about what the Hospital School would provide in return for responsible behavior while at Donovan. The Donovan Work Program was implemented early in July and promised to be a spectacular success.

SUMMER HOME VISITATION - Our annual drop in census during the summer, combined with our children frequently regressing in skills during the summer, led to development of our summer home visitation program. With staff from Social Service, Nursing, Occupational Therapy, Child Therapy and Speech and Language available, a team of two to three persons will be visiting homes during the summer. Training for this project was done by the T.E.M.P.O. team. The purpose of the visits is to visit with families on their "own turf", assist the families by training them on therapies, answer questions, build relationships, and strive for more active family involvement.

STRENGTHENED RESPIRATORY THERAPY - We now have an additional part-time Respiratory Therapist which has been critically needed since many of our patients develop respiratory problems during adolescence. The Board of Trustees have purchased an additional Iron Lung which will prove invaluable since our experience in utilization of our present "Iron Lung" has demonstrated real benefit to our Muscular Dystrophy patients.

THE EARLY BEGINNING CENTER - A day program of early intervention for severely handicapped pre-school children has moved onto the Hospital School grounds in the lower level of the Donovan Building. We welcome their program, sponsored by the Medical and Educational Fund, Inc., under the Massachusetts Hospital School umbrella.

WORK ACTIVITY CENTER - Plans are in progress for the development of a Work Activity Center, approved by the Department of Labor. The pre-vocational program will flow naturally into the Work Activity Center. Estimated implementation date, October 1, 1980.

HOUSING FOR THE SEVERELY PHYSICALLY DISABLED - Preliminary approval has been received for a proposal to build 15-18 units of housing for the severely physically disabled under Chapter 689. The Medical and Educational Fund, Inc. developed the proposal at the request of the Hospital School. It was submitted jointly by the Corporation and the Canton Housing Authority. While all concerned are awaiting final approval, the cooperation from many Agencies and Offices should be noted and recognized: The Board of Trustees, The Medical and Educational Fund, Inc., The Canton Housing Authority, Senator Timilty and his staff, The Department of Public Health, Massachusetts Rehabilitation Commission, and the Department of Communities and Development.

PHYSICAL FACILITIES

ROOFS - After two and a half years, the leaky roofs in the Nelson Hospital and Donovan Residence have been repaired. Projected completion date is September 1, 1980. This will free up 28 beds that have been unusable due to continuous leakage and resultant water damage.

COTTAGE BATHROOM RENOVATIONS - This long overdue project, on the drawing boards for 5 years, has finally been put out for bids, and we anticipate construction to start in the Fall. The good news is that we will finally have decent and attractive bathroom facilities. The bad news is that we will lose 2 beds in Ellis, Baylies and Ross. There will also be temporary construction disruption, involving transferring cottage residents to the Nelson Hospital for a period of 2 to 4 weeks for each cottage. The beds reclaimed from the roof repair will be utilized for the cottage residents.

Funds for what we call Phase II of bathroom renovations, has been requested by the Department of Public Health but have not been approved at present. This renovation would add a second and smaller bathroom, a kitchen and refurbished dining area, along with a modern Nurses Station. All of this in the area where the ramps used to be. We are optimistic about obtaining the funds, yet have no firm commitments from funding sources.

A new KITCHEN, purchased by the Board of Trustees, has been installed in the Donovan Residence and will be used principally by participants at Donovan Living Experience and various student projects. It is fully equipped and wheelchair accessible.

The GYM POOL COMPLEX and new POWER PLANT are not yet in progress. As of the end of this fiscal year, the final plans had been approved and were going out for bid in the Summer of 1980, with a projected ground breaking for both projects in early Spring of 1981. It is difficult to under-estimate the importance of these two projects. The Gym Pool Complex is essential to the providing of quality services to the patient/students; the new Power Plant is essential to provide heat and light in a reasonable energy efficient manner. Given the demonstrated need for these two projects, and the rising costs of materials and construction, it is both regrettable and expensive to have projects such as these, enveloped in snarls of red tape.

COTTAGE FACE LIFT - Plans were developed in the late Spring to redecorate the interior of the four (4) cottages during the Summer. Baylies, Ross, and Ellis were built in the early thirties, utilizing classic institutional tiles in the interior. Forty-five years later, the cottages are structurally sound, due to good construction and regular maintenance by the Massachusetts Hospital School workforce, but the atmosphere dominated by the tiles is depressing. We hired a design consultant to pick out color schemes to brighten and enliven the home away from home of our patient/students.

Our own workforce, including painters, carpenters, housekeepers, and volunteers from Nursing, will do the actual painting. We realistically expect to have Baylies and Ross completed and Ellis will be on the way by September 2, 1980.

Gates Cottage, built in the early 1950's, has a serious leak near the skylight in the front lobby. When roof repair funds ran out, we put on a temporary patch with our own workforce, and then proceeded with the interior repainting. Gates will be ready for the 2nd of September.

Brightening up the cottages, along with the new murals in Bradford I and the Nelson Hospital, the attractive wall hangings the Trustees purchased this year, all contributed to the total positive atmosphere we are seeking to create, to go along with the total programming Massachusetts Hospital School is building for our patient/students.

CHALLENGES TO BE MET

CHALLENGE #1 - MAXIMUM UTILIZATION OF RESOURCES

The resources available at the Hospital School are immense. The physical plant has been kept in good repair due to the General Courts responsiveness to our needs, present administration, and a competent workforce. Our personnel and programmatic resources are in good condition as well. As the Hospital School faces the demand's of the 1980's, the major question facing the Trustees, the Department of Public Health and the Hospital School Administration is how can we best meet the needs of physically handicapped children with the resources we have available. The question is especially pertinent as the roof repairs to the Nelson Hospital are almost completed thus freeing up 28 beds. Numerous studies have been done. Studies of studies have been done. All studies indicate several clear facts:

1. Declining birth rates and medical advances combine to reduce percentage of intellectually able, physically handicapped children.
2. Local communities in Massachusetts, through Chapter 766 and PL 94-142, have made tremendous strides in removing architectural barriers in schools, as well as providing improved educational services to the handicapped.
3. The services provided by the Hospital School are not well known in the referring communities, either orthopedic, pediatric, educational, advocacy groups, and other State agencies.
4. There are physically handicapped children, who despite 766, are not properly being served in their local community, either educationally or medically whose family and advocates are unaware of, and entitled to, the services of the Massachusetts Hospital School.

A marketing analysis recently completed, at no cost to the Commonwealth, by Masters level students, faculty of Boston University, indicates that the time for studies is over and implementation is in order, and will produce results.

These children, their families, and advocates, will be reached in the coming year. By the time bathroom construction is completed, and beds in the Nelson Hospital are available, our residential census will reach 135, which we have projected in our 1981 Spending Plan.

A comprehensive plan has begun, and will be finalized in early Fall. This plan included expansion of our hosting of meetings and workshops of potential referrals. (This year we had regional and statewide meetings of the Office For Children, Department of Mental Health, Department of Social Services, Boston University students, courses from Worcester State College, and many others), brochures specifically aimed at different types of potential referrals will be developed.

The importance of this is demonstrated not in more acceptable numbers of health planners and budget analysts, but in eliminating the tragedy of finding a young woman in her early twenties, living less than 15 miles from the Hospital School, who years ago, needed a surgical procedure we routinely do here, and whose education was limited to a few years of limited tutoring. If her family had found us, or we had found her, the Commonwealth would now have a happy, healthy, tax-paying citizen.

CHALLENGE #2 - DISCHARGE PLANNING

Some of our young people have immensely complicated medical problems which make it difficult to plan for their discharge upon receiving their diploma. Questions that need to be answered are:

- School or Job? Home or Apartment?
- Personnel Care Attendent or not?
- Local support agencies available or not?

Discharge Planning is impossible to accomplish until we have the answers to these questions. The answer would be difficult enough if they were being sought by fully mature persons. Facing the questions when one is 18 and severely handicapped can be an overwhelming experience.

Discharge Planning at Massachusetts Hospital School must take into account:

1. Level of personal growth of each patient/student.
2. Level of family support.
3. Realistic appreciation of one's capabilities.
4. Proper utilization of internal Massachusetts Hospital School resources.
5. Existence or non-existence of local support systems.

To address this problem in the coming year, Discharge Planning has been delegated to the Plan Team where planning is already in process and implementation will take place in the Fall of 1980.

CHALLENGE #3 - IMPROVE WORKING RELATIONSHIPS WITH FAMILIES

Raising a handicapped child is both immensely rewarding and terribly demanding; emotionally, physically, and financially. As a residential facility, as contrasted with an Institutional facility, Massachusetts Hospital School has a responsibility to nurture the bond of the child with his family rather than sever it, or allow it to unravel.

Our children come from intact families, single parent families, and no families at all. Some families are rich, more are in middle, or lower income brackets. All of them need some form of assistance of Massachusetts Hospital School in one way or another. All our children are urged to go home each weekend, holidays, and vacations, in order to maintain their family ties. Despite our best efforts, weekend and vacation census continues to climb.

Massachusetts Hospital School in the coming year will be addressing this problem and exploring ways to improve our working relationships with families.

CHALLENGE #4 - RETURN OF REVENUE

As a responsible part of State Government we must continue to obtain revenue to the Commonwealth from all legitimate third party sources. Recent years have seen a substantial increase in our return of revenue. We will continue this effort in the coming year.

CHALLENGE #5 - DECLINING RESOURCES

The costs of State Government continue to grow, and budget personnel have ever sharper pencils in their efforts to keep demands on tax dollars from growing unmanageably. As taxpayers we applaud this. As program managers we are certainly willing to carry our share, but we must make sure we are not always the Peter used to pay Paul.

Federal cutbacks have impacted our programs as well. TEE Corporation which was funded through C.E.T.A. and did so much work at Massachusetts Hospital School for little cost and placed so many so called "Unemployables" in the competitive labor market with good job skills, is now uncertain of its funding.

Many of the services of Massachusetts Rehabilitation Commission, which have large federal funding, have been cutback due to Federal restriction.

CHALLENGE #6 - REACCREDITATION

Our Brayton High School presently enjoys a ten year accreditation by the New England Association of Schools and Colleges. 1980-81 will be a year filled with preparation for the 1982 accreditation visit.

The Joint Commission of Accreditation of Hospitals (J.C.A.H.) will be visiting us in 1981 to renew our present accreditation.

As one of very few facilities in the entire country with both J.C.A.H. and Educational Accreditation, we are preparing carefully to meet and exceed the requirement of these very demanding accreditation organizations.

PERSONNEL

Dedicated and competent staff are the backbone of any program and Massachusetts Hospital School is no exception. Special note of thanks should be made to those no longer actively in service to Massachusetts Hospital School; Miss T. Florence Brickett, who has been on extended sick leave, for her 15 years of service as Director of Nurses; John Sinnott, School Principal, who is pursuing his Doctoral studies; Deborah Cerullo, head of Occupational Therapy.

Mrs. Mary Lou Kepinski, R.N., has been appointed Director of Nurses, she is already making major contributions in her new responsibilities.

I would also like to express my deep gratitude to the Board of Trustees for their initial confidence and on-going support; and to the key management team: Dr. Hathorn Brown, Medical Director; Lorraine Atkin, Assistant Superintendent for Children's Services; Mary Lou Kepinski, Director of Nurses; and in a special way to Edward S. Graham, Assistant Superintendent. In addition to stepping into the leadership breach 3 times in the past 6 years, has provided me with sound advice, loyal counsel, and example of dedication to the concept of the Hospital School and affection for our children.

Chiefs without indians do not a family make. The Hospital School is filled with staff whose daily professional performance shatter the stereotype of State Employees. They are competent, conscientious, and caring. Unfortunately, recent contract settlements have forced them to demonstrate their dedication by their paychecks. Almost without exception, they are vastly underpaid. They clearly work here because they love the kids.

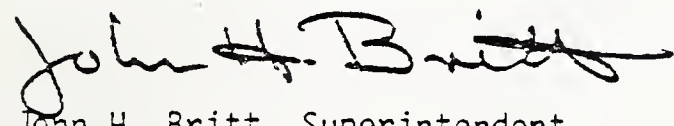
VOLUNTEERS

Literally hundreds of people have given Massachusetts Hospital School time, talent, and funds for the little and (sometimes large) extras to make life more livable. Without our volunteers and friends, life at Massachusetts Hospital School would be merely existence.

From more of a distance, but with equal commitment, we are grateful for the support of the Department of Public Health; the Great and General Court for never forgetting our handicapped children; and yourself, Governor King, for your interest and support.

Finally, a thank you to our young people. They warmed the hearts of the citizens of Massachusetts twice on Evening Magazine this year. They warm ours everyday, by their courage, their happiness, and downright determination to live life to the fullest.

Respectfully submitted,



John H. Britt, Superintendent

MEDICAL SERVICES 1979 - 1980

In fiscal 1980 the Massachusetts Hospital School's Medical Services Division continues to offer basic services as follows: orthopedics, pediatrics, occupational therapy, physical therapy, respiratory therapy, and twenty-four hour nursing care. Massachusetts Hospital School has a consulting staff of 80-90 specialists covering the various disciplines. Ancillary services include: diagnostic radiology, lab, cast work, brace work, pharmacy operating suite, and outpatient specialty clinics. Available outpatient clinics are: orthopedics, stoma, myelodysplasia, cerebral palsy, Milwaukee brace, pediatrics, prosthetics, oro-facial, urology, gynecology, ENT, neurology, neuro-surgery, cardiology, ophthalmology, neuromuscular, dermatology, pulmonary consultation, and plastic surgery. The Medical Services Division also administers a four week summer Quadroplegic program, involving intensive exercise and general ADL training.

Training programs within the Medical Services Division include an orthopedic residency training program, grand rounds (CME certified), various seminars (CME certified), pediatric medical grand rounds, pediatric teaching sessions (B.U. Medical Students) and student training sessions/ internships in numerous disciplines (nursing, physical therapy, occupational therapy).

Widening its scope as a total care center for the physically handicapped child and young adult, Massachusetts Hospital School has and will continue through its long term planning process to design and implement new, more current services. In fiscal 1979 the John J. Foley Outpatient Center became a focal point for change within the Medical Services Division. It has continued to increase in scope with the addition of an alumni clinic.

Outpatient professional staff was increased from three to eight with the addition of an Accredited Record Technician, an outpatient social worker, two Pediatric Nurse Practitioners, and an ambulatory care attendant. In conjunction with the staff increase, an intensive marketing program was designed with implementation scheduled for the Fall of 1980. The goal is to increase utilization of the Outpatient Center through increase external awareness of the facility and its services. Also, a neuromuscular clinic was initiated, co-directed by an orthopedist and a pediatrician. This clinic provides not only orthopedic and rehabilitative care for dystrophic patients such as bracing, casting, and physical therapy, but also attends to the special medical problems of these patients such as cardiac and respiratory care.

Fiscal 1980 also saw the initiation of an updated medical filing, and retrieval system, incorporating all outpatient and inpatient records, utilizing a new storage area with straight line coding. The Occupational and Physical Therapy departments began experimental implementation of treatments in patient care areas, reversing the trend of the patient receiving treatment within the department. The new program approach is designed to increase the personal aspect of care.

MEDICAL STATISTICS

Admissions	125
Discharges	133
Total Patient Days	
Average Daily Census	

CLINICS 764

Amputation (Prosthesis)	3
Brace & Shoe Clinic (First Medical)	20
Cardiology	14
Cerebral Palsy	22
Dental	61
Dermatology	2
EKG Clinic	30
General Surgery	9
Gynecology	2
Hand Clinic	1
Immunization Clinic	2
Internal Medicine	9
Milwaukee Brace	12
Miscellaneous	283
Myelodysplasia	11
Neurological	7
Neuromuscular	8
Neurosurgical	3
Ophthalmology	9
Oro-Facial Clinic	11
Orthopedic	94

Medical Services (Cont.)

Otolaryngological	5
Pediatrics.	80
Pediatric Teaching Clinic	32
Plastic Surgery	1
Psychiatric Consults.	75 Hours
Psychotherapy Sessions.	150 Hours
Pulmonary Clinic.	11
Pulmonary Function Studies.	127
Pulmonary Treatments.	1199
Stoma Clinic.	28
Urological.	12
Total # Inpatient Visits (Clinics)	1823
Total # Outpatient Visits (Clinics)	<u>1547</u>
	3370
	Total # Clinic Visits (Not including pulmonary procedures)

OPERATIONS: 71

ENT	9
General Surgery	9
Neurosurgery.	9
Oral Surgery.	9
Orthopedic.	67
Plastic Surgery	2
Urological.	2

Cast Room Procedures (Cast done in O.R. + on wards not included)

Inpatients	265
Outpatients	<u>129</u>
Total	394

DEPARTMENTS:

Brace Shop.	671
Dental.	842
Laboratory.	3857

TESTS

Hospital	2607
Nursing	0
Dormitory	1093
Day Students	4
Outpatient	299
Employees	82
Other	71

PEDIATRIC DEPARTMENT ANNUAL REPORT

The Pediatric Department consists of the following people, under the supervising directorship of Dr. Robert Younes: Dr. Gertrude Murphy, full time Pediatrician, Sheila Bell, R.N. - in training for Pediatric Nurse Practitioner. Ethel Berkovitz is secretary for the department. Jane Lochrie was Pediatric Nurse Practitioner for the department until she resigned in September of 1979 and Shari Van Hook was hired in August of 1979 as a Physician Assistant. Shari has just resigned for another position. We have been attempting to recruit another Pediatric Nurse Practitioner for a position which just opened about one month ago. Shari Van Hook's position will be vacant after her resignation date and we will then need to replace her. Dr. Serena Mailloux is the part time Pediatrician for the TEMPO program and has been very cooperative with the rest of the Pediatric department.

The entire department participated in the following:

- 1: Monday A.M. - Combined Orthopedic-Pediatric Rounds on Nelson and Bradford units.
- 2: Pediatric Annual Reviews of patients and medical records (these include a complete physician examination and a complete chart review with a dictation, (the time required per patient was an average of two hours).
- 3: Chart Rounds - 2 hours per week; each nursing unit once per month.
- 4: Plan Team Evaluations; an attempt was made to do dictations at the time of Pediatric Annual Review, so as not to duplicate material. Most Plan Team Evaluations meetings were attended by Dr. Murphy with Shari and Sheila attending those for students with whom they had been directly involved. (Plan Team Meetings - 2 hours per week; Plan Team Evaluations - 30 to 60 minutes each).
- 5: Members of the Pediatric Department researched and collected informational materials in regard to sexual education of the handicapped.

Time spent and accomplishments of individual members of Pediatric Department:

Sheila Bell: Attended Pediatric Nurse Practitioner Program at Northeastern University - 2 days per week (September, 1979 to June, 1980); precepting for P.N.P. Program - 1/2 day per week.

Took daily sick calls to cottages in rotation with Shari Van Hook.

Continued to participate as Chairman of Nursing Audit Committee.

Helped Shari Van Hook doing Mantoux testing on employees and patients and administering flu vaccine to same.

Attended when able urology, pulmonary, and cardiac clinics.

Did followup on urine cultures of both in patients and outpatients for the Myelo Clinic.

Did home visits for counselling and teaching and home contact with Myelo outpatients and families.

Helped Shari Van Hook with camp forms.

(cont.)

Shari Van Hook, PA.C.: Made Monday afternoon cottage rounds routinely and took most of daily sick calls to cottages from August to June. Participated as representative of the Pediatric Department to the Campus Advisory Board and Ad Hoc Committee of the Campus Advisory Board. Participated in Discharge Planning Team assisting graduates in medical followup plans. Assisted in pediatric participation in Myelo Clinic, Neuromuscular Clinic, and others as needed. Participated as member of the Sexual Education Committee. Assisted in drawing bloods when lab technician unable or unavailable. Did most of Mantoux testing and Flu vaccinations of employees and patients. Participated with Dr. Serena Mailloux in a special clinic for the spinal cord injured residents. Completed most of the needed camp forms. Attended Continuing Medical Education programs with the Pediatric Department, Friday mornings.

Gertrude H. Murphy, M.D.: Organized monthly medical grand rounds from September through June (approved for Category 1 credit by AMA). Arranged one day program at M.H.S. for Northeastern P.N.P. students. Taught BU Medical students every Monday from 1 to 4 p.m. Precepted Sheila Bell approximately 4 hours per week (Dr. Younes precepted Sheila for another 4 hours per week). Did all pediatric pre op examinations on orthopedic surgical admissions. Coordinated cardiopulmonary care of M.D. and other patients through attending Dr. Nabi's and Dr. Kenny's clinics, did preliminary readings of all EKG's and pulmonary function tests, worked with Bill Jennings on management of Joe Brasfield in Emerson Lung Ventilator - chest cuirass - pneumobelt, etc. Managed care of patients, families, and staff involved with preterminally ill patients. (with much assistance from Sheila Bell and other members of the staff). Initiated and helped set up preliminary sexual education program at M.H.S. and set up meetings in regard to special sexual education of the Myelo clinic patients. Supervised the Pediatric Department and the Pediatric care of patients by Sheila Bell and Shari Van Hook. C.M.E. programs attended in order to improve care of patients at M.H.S. included a conference on Sexual Education of the Handicapped at Boston University and a one week course by Tufts' New England Medical Center on Inhalation and Respiratory Therapy, attended Carney Hospital's Pediatric Rounds. Coordinated the care of patients hospitalized at Carney Hospital. Coordinated the M.I.T.'s research studies on nutrition of handicapped children. Drew some bloods when others unable and blood gases. Also did an occasional IVP injection when Dr. O'Hare was not available.

TEMPO: Medical and nursing activities contributed outside of the TEMPO program included a special clinic begun by Dr. Serena Mailloux for the spinal cord injured young people. Participation in sexual education program; did some annual pediatric reviews; Dr. Serena Mailloux drew many arterial blood gases; provided medical and nursing consultation to the Corporation programs. Provided consultation to M.H.S. around home visiting and attended Pediatric Department meetings as scheduled by Dr. Murphy each Friday.

Shari Van Hook

OCCUPATIONAL THERAPY DEPARTMENT 1979 - 1980

CLINICAL AFFILIATION STUDENT PROGRAM:

A. LEVEL II:

The O.T. department sponsors an active affiliation program for students graduating from an accredited O.T. curriculum program. In most instances, we are able to accomodate 2 students for each 3 month clinical affiliation period. We have contracts with 7 academic institutions, although most of our students come from Tufts University, University of New Hampshire, and Boston University. We do not offer summer affiliations.

B. LEVEL I

One-Two week preclinical experiences are arranged for undergraduate O.T. students during their sophomore, junior, senior year. These placements are primarily geared toward observation of treatment in various settings. Level I students are usually accepted only when Level II students are here, so that they are primarily responsible for all planning and supervision of the pre-clinical student.

PROGRAMS

PROGRAMS INITIATED AND COMPLETED:

A. Informal Assessment Tools devised by departmental therapists:

1. Equilibrium
2. Feeding
3. Evaluation of Tone (NDT)

B. Treatment Areas:

1. Cottage Programs: continued involvement, in conjunction with nursing, in self help skills, such as dressing, and feeding, in addition to oral- motor programs.
2. Classroom Groups: continued involvement in conjunction with education. Consultation to and implementation of a group activity on a weekly basis in 6 classrooms (1 classroom discontinued mid-year due to completion of consultation) involving a total of 52 students.
3. Psychosocial/Fine Motor Activity Groups with staffing assistance from nursing: 4 groups, involving 19 students, with an average ratio of 2:5, each held on a weekly basis.
4. Donovan Living Experience total of 4 sessions, involving 24 students; 3-6 students per session. Community food shopping trip 1X/week and meal preparation 1X/week.
5. Diet Group in conjunction with Diet Workshop instructor, staff pediatrician, dietary, and nursing.
6. Pre-Voc Classroom initiated 2/80 in conjunction with education. Consultation to and implementation of adaptive devices and positioning, to aid students in prevocational task completion. Included 18 students 3 X weekly

7. Feeding Consultations in Cottages initiated 9/79 in conjunction with nursing. Consultation to adaptive equipment, and training in feeding programs. Involved 4 cottages and Nelson dining room, 2X/week.
8. 1:1 Treatment in Clinic
 - a. perceptual/motor programs
 - b. motor and developmental programs
 - c. splinting/adaptive equipment
9. Consultation in Medical Clinics O.T. departmental coverage of students in O.T. programs scheduled for Neuromuscular, Orthopedic Clinic, C.P. Clinic, Prosthetic Clinic, and Myelomeningocele Clinic.

C. Other:

Participation in 2 summer camp programs sponsored by recreation staff: 4 therapists acted as full time camp counselors 7/79.

GROUP THERAPY

	Students	Sessions	Units	Time Frame
Activity Group	15	9	36	9/79 - 6/80
Classroom Groups	44	13	45	9/79 - 6/80
DLE Kitchen Workshop	4	4	25	10/79 - 5/80
Diet	6	3	11	10/79 - 6/80
Pre-Voc.	15	8	29	3/80 - 6/80

INDIVIDUAL THERAPY

Individual Therapy consisted of 455 therapy units, and 163 session. There were 46 students; 6 day students, 16 hospital students, and 24 cottage students.

PROJECTED GOALS FOR THE COMING YEAR.

A. New or Expanding Interdepartmental Programs

1. Interdisciplinary Pilot Program:
2. Gates-Independent Living Skills Project
3. Pre-Vocational Program
4. Provide staff inservice program on relevant treatment issues and techniques primarily feeding and positioning issues.
5. Medical Rounds - Hospital/Cottage

B. Continuing Interdepartmental Programs

1. Resident Feeding Programs
2. Classroom Groups
3. Activity Peer Groups
4. ALO Camp Program
5. Evaluation Teams
6. Plan Teams
7. Campus Advisory Board
8. Medical Clinic Consultation

C. Discontinued Interdepartmental Programs

1. Diet Workshop

D. Other Interdepartmental Programs

1. D.L.E. - Involvement to be determined in conjunction with development of "Gates - Independent Living Skills Project".

E. Continued Departmental Programs

1. O.T. Rounds
2. O.T. Staff Meeting

F. Extracurricular

1. Maintain M.N.A. participation
2. Continue Massachusetts Association of Occupational Therapy (MAOT) membership
3. Active involvement in MAOT - Pediatric Special Interest Group
4. Attendance of O.T. Clinical Educators Meetings

PHYSICAL THERAPY DEPARTMENT 1979 - 1980

PROGRAMS INITIATED

1. Therapist direct involvement in classroom.
2. Implementation of cardexes on floors and cottages.
3. Implementation of chest physical therapy procedures.
4. Implementation of Muscular Dystrophy Groups.
5. Development and implementation of Muscular Dystrophy Evaluation Form
6. Development and implementation of Back Exercise Programs
7. Updating of Policy and Procedure Manual.

PROGRAMS PLANNED FOR COMING YEAR

1. Involvement with Recreation Therapeutic Swimming Program.
2. Involvement in A.L.O.
3. Continuation of Northeastern Student Physical Therapy Affiliations.
4. Continuation of Younger Muscular Dystrophy Group.
5. Participation in Baylies Disciplinary Program.
6. Participation in Gates Preparation Program.
7. Implementation of Inservices to Nursing Personnel.
8. Revision of Student Program.
9. Develop Handouts for specific exercise regimes.
10. Develop specific Evaluation Guidelines.
11. Develop plans for staff Inservices from other Disciplines.

DEPARTMENT STATISTICS

Number of days.	245
Number of Registered Physical Therapists.	5.3
Number of P.T. Professional Student hours	3
Number of Secretarial Hours (office) worked	1624
Total Professional Man-Hours worked	14537.5
RPTS	10114
PR Aide.	1260
PT Aide.	516
Number of Patient Appointments.	6969
Hospital - Resident.	3267
Cottage - Resident	3001
Day Hop - Student.	633
Out-Patient.	68
Number of Service Units Given: (Each unit equals 15 min.)	15797
Hospital - Resident.	7574
Cottage - Residence.	6763
Day Hop - Student.	1308
Out-Patient.	152
Number of Different Patients.	195
Hospital - Resident.	69
Cottage - Resident.	72
Day- Hop - Student	13
Out-Patient.	41

PHYSICAL THERAPY DEPARTMENT (Cont.)

Average number of direct service units per day.	66.12
Average number of direct service units per RPT per day. .	23.5
Physical reconditioning service units	2194
Hospital - Resident.	663
Cottage - Resident	1446
Day Hop - Student.	85
Outpatient	9

OUTPATIENT DEPARTMENT

<u>CLINIC</u>	<u>IN</u>	<u>OUT</u>	<u>TOTAL</u>
Orthopedics	194	715	909
Urology - Stoma	90	1	91
Myelodysplasia	82	79	161
Cerebral Palsy.	87	67	154
Milwaukee Brace		303	303
Pediatric	130	13	143
Prosthetics		8	8
Oro-Facial.		142	142
Urology	63	11	74
Neurology	6	12	18
Cardiology.	77	2	79
Pulmonary Consultant.	66	1	67
Ophthalmology	98	2	100
E.N.T.	29		29
E.K.G.	104	4	108
Hand.	3		3
Orthotics	115	20	135
Miscellaneous	208	75	283
Teaching.	106	5	111
Blood Gas	42	2	44
Immunization.	8		8
Plastic Surgery	8		8
Dermatology	1	1	2
G.Y.N.	5	2	7
Special	101	62	163
Neuromuscular	41	6	47

Outpatient Department (Cont.)

<u>CLINIC</u>	<u>IN</u>	<u>OUT</u>	<u>TOTAL</u>
Spinal Cord Injury.	12	1	13
King Optical...	8		8
Pre - Adm. Evaluation		3	3
Neurosurgery.	6	4	10
Grand Rounds.	15	5	20
 TOTAL	 1,704	 1,547	 3,251

PHARMACY SERVICES

The Pharmacy Service is staffed by two registered pharmacists. The pharmacy is open five days a week with provisions made for emergency services when the pharmacy is closed.

The Pharmacy Service is responsible for all medications from the time they enter the hospital to the time they are administered to the patient and during the time they are in or on the patient's body. The pharmacy personnel provide services in hospital pharmacy according to hospital policies, standard practices of the profession and State and Federal Laws.

Among the specific services provided by the pharmacy department are the following:

1. The pharmacy serves as the primary center for compounding and dispensing prescriptions and medication requests.
2. The pharmacy service consults and advises the medical and nursing staff concerning information on medications such as warnings issued on drugs currently on the market, incompatibility of certain drugs or contradiction of drugs of other pharmaceutical products. The pharmacy maintains adequate and current informational materials which enables it to serve as a primary source of drug therapy information.
3. The pharmacy service supervises inventory of drug stock throughout the entire hospital periodically to determine stock needs and to assure use of stock before expiration date recommended by the manufacturer. The pharmacy service further returns all out-dated drug stock to the appropriate manufacturer for credit.
4. The pharmacy service establishes and maintains systems of records and bookkeeping in accordance with hospital policies for pharmaceutical supplies and for maintaining adequate controls over requisitioning and dispensing of all pharmaceuticals in accordance with State and Federal Laws. A complete and accurate inventory is taken twice a year.
5. The pharmacy service develops, oversees, and carries out the rules and regulations pertaining to the administrative and professional policies pertaining to drug therapy with the approval and cooperation of the Hospital Administration and Pharmacy and Therapeutics Committee.

Pharmacy Services (Cont.)

6. The pharmacy service makes every effort in having the patient receive the highest quality of drug therapy possible.
7. The pharmacy service is responsible for dealing with many other varied responsibilities such as Drug Recall, Poison Control, In-Service Education, Drug Formulary Revision, Distribution of Drug Samples, Investigational Drugs, Antibiotic Surveys, Emergency Drug Supplies, Infection Control, etc.

RADIOLOGY DEPARTMENT

<u>1979</u>	<u>PATIENTS</u>	<u>EXAMS</u>	<u>FILMS</u>
July	84	104	203
August	74	82	146
September	135	162	276
October	138	167	319
November	118	146	241
December	104	130	242

<u>1980</u>	<u>PATIENTS</u>	<u>EXAMS</u>	<u>FILMS</u>
January	137	155	267
February	104	130	280
March	105	123	216
April	118	150	306
May	89	111	196
June	98	130	273

TOTAL	1,304	1,590	2,965
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Total Number of In-Patients	637
Total Number of Out-Patients	594
Total Number of Employees	73

EXAMS

Skull	14
Chest	256
Spine and Pelvis	686
Extermitities	379
Abdomen	37
Miscellaneous	68
IVP	66
VCUG & Cystrogram	13
Loopogram	6
Shunt Series	16
UGI & Small Bowel	1

MEDICAL RECORDS DEPARTMENT

The Medical Records Department is an important link in the Hospital in delivering quality medical care. Its influence is found in medical, legal, and scientific aspects of patient care. The keeping of a medical record in a long-term-care facility is more difficult because of the size and volume of the medical record and the complexity of patient care involved. Many more entries are included in the medical record in a long-term care facility in a general hospital.

Over the past fiscal year the Medical Record Committee has met on a monthly basis and several committee goals have been achieved.

Cooperation with the Outpatient Department has resulted in the conversion of all medical records into the new color coded folder which results in easier filing and retrieval. Also, a system has been developed to obtain the necessary biographical and medical patient information for each outpatient. New addressograph equipment is being used in the Admitting Office and Outpatient Department upon admission of an inpatient and also at the first visit of a patient to the Foley Outpatient Department.

Much time and effort has been put into developing a useful format in which to file pertinent medical records in each inpatient's medical record. The format agreed upon is most beneficial to all health care providers, and will enhance the quality of patient care. In order to further improve the visibility and accessibility of the medical records, it is planned to purchase a new loose leaf binder with the proper designations of dividers and ancillary supplies needed to put this system into effect.

In addition to the above-described accomplishments, the routine duties of medical transcription; filing; retrieval of medical records for research and study and outpatient visits; census statistics; correspondence in response to authorized requests for medical record information; discharge analysis;

Medical Records (Cont.)

administration of the Medical Record Department; and responsibility for hospital committees have been carried out.

The Medical Record Department has continued to provide appropriate support services toward all Massachusetts Hospital School inpatients and outpatients during the past fiscal year.

SOCIAL SERVICE DEPARTMENT 1979 - 1980

Our general philosophy was unaltered. The Social Service Department continued the role of patient advocacy, community intervention for active and former MHS patients, and systems intervention and consultation on behalf of the resident population, in collaboration with all the departments of MHS. A significant contribution to the Department was the performance of the new Assistant Director, who extended the role of the Director in a close working relationship with interdepartmental directors and staff. This was an additional administrative role relative to the working of the Department.

INTAKE

Each social worker in assigned a week as intake worker. It is the responsibility of the worker to initiate the proceeding by which a person is referred for admission to MHS for a campus admission.

During the year 61 intakes were recorded, and there were 19 pre-evaluation visits. There were 232 telephone intake interviews and 154 telephone calls concerning intake interviews. A total of 125 patient/students (60 male, 65 female) were admitted. These included 17 campus residents and 75 medical admissions. 133 patients/students were discharged (67 male, 66 female).

CETA SUMMER EMPLOYMENT

Older patient/students are encouraged by their social worker to obtain employment. This year 18 students were able to obtain CETA jobs.

SOCIAL SERVICE DEPARTMENT (Cont.)

<u>DESCRIPTION</u>	<u>HOURS OF SERVICE*</u>
Hospital	2467
Nursery	6
Dormitories	2727.65
Day Students	439
Out-Patients	<u>507</u>
Total	6146.65

Manhours Worked: 16,760

- * The "Hours of Service" figure should reflect the hours of counseling provided to patients and their families. It should include only time spent in face-to-face interviews with patients and their families. Telephone time should not be included.

NURSING DEPARTMENT 1979 - 1980

The Nursing Department has undergone many administrative changes during the past year. Many positive steps have been taken to correct long-standing problems in the Nursing Department. This has been facilitated with strong administrative support.

NURSING EDUCATION DEPARTMENT

<u>CLINICAL SERVICE</u>	<u>SCHOOL NAME</u>	<u>PERIOD OF USE</u>	<u>AVG. NO. STUDENTS-ONE TIME</u>
Pediatric Restorative 206 Modular Course	Laboure Jr. College/S.O.N./RN/AD	8 Mos. 8/79-4/80	18
Nursing Care of the Child	Mass. Soldier's Home of Chelsea/ School of Prac. Nursing	10 Weeks 2/80-4/80 (2 groups)	15
Nursing Care of the Child	Pondville Hosp. School of Prac. Nursing	10 Weeks 4/80-6/80 (2 groups)	13

Planning conference held with a representative of each school during the past year. Two (2) planning conferences were held with all schools. Weekly conferences, post affiliation conferences and contract agreement conferences were also held with Facult. Inter-agency meetings were held as necessary.

INFECTION CONTROL/MAXIMUM CARE PRACTITIONER

The Infection Control Practitioner, a Registered Nurse, is an ex-officio member of Quality Assurance, Patient Care, Audit, & Policy Committees.

On going surveillance is conducted as recommended by the Center for Disease Control's Hospital Infections Branch, this total surveillance system establishes baseline endemic infection rates and identifies major problem areas within the institution.

NURSING DEPARTMENT (Cont.)

At each Infection Control Committee meeting the monthly statistical analysis is presented as to average daily enrollment census, number of patients with nosocomial infections, by sites and by pathogens, percentage rate of total nosocomial infections and percentage rate by site of infection.

The Infection Control Practitioner is always available to guide, advise, consult, or investigate any problem of an infection control nature.

All policies, procedures, and Infection Control Manual, which encompasses the entire hospital, are reviewed and revised as necessary by the Infection Control Practitioner and the head of each department before being brought to the Committee for final approval.

Student Nurses and Employees with infections are also monitored by the Infection Control Practitioner.

SCHOOL DEPARTMENT 1979 - 1980

The following is the Annual Report of the Assistant Superintendent for Children's Services for the school year, which opened on September 5, 1979 and closed on June 18, 1980.

SCHOOL STATISTICS

School was in session 180 days.

School day: 8:45 a.m. - 12:00 Noon. 1:00 p.m. - 3:30 p.m.

Total number of students/patients served including day, residential and Baylies Preschool:

Baylies Preschool:	37	- includes 1 full-time residential
	- 3	pupil and 3 part-time residential
	<u>34</u>	students.
MHS Day School:	15	(3 residential for part of the year)
MHS Residential:	125	includes 3 part-time Baylies Preschool.
MHS Hospital Only:	<u>6</u>	
Total	180	

In the previous school year we had served a total of 199 student/patients.

During the school year 2 day students and 3 residential students passed away.

On the October 1, 1979, census MHS students came from 75 cities and towns while Baylies Preschool children came from 10 cities and towns (2 new towns included). A total of 20 children came from Boston which represents our largest census. During the school year we added an additional 4 towns. We therefore served children from a total of 81 towns. During 1978-1979 our population came from 102 cities and towns.

SCHOOL GOALS

An important curriculum goal for 1980-81 will be to expand out offerings in the field of computer science.

SCHOOL DEPARTMENT (Cont.)

LEVEL	AGGREGATE PRESENT	AVG. DAILY PRESENT	AGGREGATE MEMBERSHIP	AVG. DAILY MEMBERSHIP	PERCENT OF ATTENDANCE
Baylies	4470	26	6346	36	70%
1	1379	8	1481	8	93%
2	1307	7	1345	7	97%
3	1486	8	1620	9	92%
4	895	5	973	5	92%
5	1715	10	1875	10	92%
6	1649	9	1767	10	94%
7	1053	6	1080	6	98%
8	2462	14	2540	14	97%
9	2996	17	3269	18	92%
10	2349	13	2454	14	95%
11	2437	14	2596	14	94%
12	1467	8	1959	11	74%
Hospital	222	1	225	1+	99%

EVALUATION TEAM 1979 - 1980

During the summer of 1979, the Plan Team/Evaluation Team Policy and Procedures Manual was revised and expanded by the Evaluation Team Liaison. Particular emphasis was placed on conforming to new state guidelines regarding individualized educational plans (IEP's). After consulting with staff in the various departments, a schedule of Evaluation Team meetings for the 1979-1980 school year was developed.

Evaluation Team meetings for individual students began on Oct. 4, 1979, and continued on a weekly basis through May 29, 1980. In general, each Evaluation Team meeting included participation of the parents, local school system, MHS staff from all departments providing services to the student, and the student himself/herself when appropriate. All were involved in the development of the team plan.

Thirty-four MHS students has been evaluated from January - June 1979. During the 1979-1980 school year 60 students were evaluated by the Evaluation Team. The remaining students (approximately 25) will be scheduled for evaluation in the fall and winter of 1980. Thus, we will achieve the stated goal of having an individual care plan for each resident by 1980.

The Evaluation Team effectively fulfilled two of its three major functions:

1. Assessment of each area of a child's life experience at the Hospital School.
2. Development of individualized plans for each child reflecting staff consensus of the major goals and objectives for the coming year.

PLAN TEAMS 1979 - 1980

Specific Responsibilities of the Plan Team include:

1. Meeting with the child following the Evaluation Team meeting to review his/her plan.
2. Sharing information from the Evaluation Team meeting with staff working with the child.
3. Deciding as a Team on date/time/frequency of Plan Team meetings. The need for Plan Team meetings will vary depending on the needs of the individual child, but it is recommended that Plan Teams meet at least monthly and be in contact (i.e. memo, phone call, conversation) on a weekly basis. Plan Team Leaders are responsible for organizing meetings and maintaining contact between Plan Team and Child. (Note: Plan Team Office will be available for meetings).
4. On a quarterly basis Plan Team Leaders with the assistance of Plan Team members will complete progress reports indicating the current status of goals and objectives, any changes in services provided to the child, and any areas of concern that need to be addressed before annual review plan.

Projections for 1980 - 1981:

In the coming year the goal of the Plan Team office is to further develop the evaluation process at Massachusetts Hospital School through the Evaluation Team and the Plan Teams. Priority will be given to working with the individual Plan Teams, helping them to implement the team plans that have been developed. The addition of two full-time positions - an Evaluation Team Liaison and a Plan Team Facilitator will provide more coordination and follow-through from the Plan Team office to both the Evaluation Team and the Plan Teams.

Some areas that have been identified by the Superintendent and the Evaluation Team for further development this year are:

1. More emphasis should be given to parental involvement in the evaluation process.
2. Team Plans should reflect 12-month planning; more attention needs to be given to summer plans.
3. New MHS admissions are to be evaluated by MHS evaluation team soon after admission.
4. Discharge planning needs to become more integrated into the overall evaluation process.
5. And the relationship of the Pilot Project to the Evaluation Team and Plan Teams needs to be developed with the Interdisciplinary Team of the Pilot Project.

PRE-VOCATIONAL TRAINING

One of our first projects was to organize and sequence the various tasks used in Pre-Vocation. We developed new tasks and adaptations for students to do throughout the whole year. A Career Education Unit was set up, in general, this unit focused on: self awareness, responsibilities of students in school, the importance of an education, work behaviors, job applications forms, job interviews, etc.

Many students have completed the Pre-Vocational Training and are ready for some actual work experience. Because they have been through the training, the reinforcement of grades and praises, is not enough: for them to be stimulated by the tasks - they are ready for a task that would provide a monetary reward. So we have investigated and are pursuing the possibilities of becoming a Work Activity Center to provide for this need.

We also developed newer jobs for the students to do, geared to two areas, assemblage - electronic, packaging bags, etc. - and office skills - filing, stuffing envelopes, etc.

SPEECH AND LANGUAGE DEPARTMENT 1979 - 1980

The Department served about 80% of the total population of the Hospital School. During this fiscal year in the course of 1:1 therapy, evaluations, small group classroom activities we saw an average of 30 students per day.

DIETARY DEPARTMENT 1979 - 1980

MEALS SERVED IN NELSON AND BRADFORD

Total Number of normal meals served: 20,955

Total Number of therapeutic meals served 18,717

MEALS SERVED IN GATES, ROSS, ELLIS, BAYLIES COTTAGES

Total number of normal meals served: 26,688

Total Number of therapeutic meals served: 15,732

TYPES OF THERAPEUTIC MEALS SERVED:

	<u>NELSON & BRADFORD</u>	<u>COTTAGES</u>
Low Calorie	4059	6294
Mechanical Soft	4371	3318
Vegetarian - 1000 Calorie	996	66
Liquid	42	12
High Protein Supplement	7734	4845
Nursery	99	0
Blenderized Feeding	30	0
Light Diet	20	0
Bland	66	9
High Potassium, 2 mg. Sodium, Bland	111	345
Low Sodium	396	564
High Potassium, Low Sodium	216	75
High Potassium	162	48
Tube Feeding	6	0
Kosher	42	0
Allergy	253	0
Low Fat	0	156
Nutritional Assessment	<u>114</u>	<u>0</u>
TOTAL	18,717	15,732

MAINTENANCE APPROPRIATION

Appropriation, current year 1980	<u>\$5,516,811.00</u>
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EXPENDITURES AS FOLLOWS:

-01 Salaries, Permanent	3,417,318.00
-02 Salaries, Other	636,199.00
-03 Services, Non-Employees	245,072.00
-04 Food for Persons.	134,149.00
-05 Clothing.	2,854.00
-06 Housekeeping Supplies and Expenses.	44,177.00
-07 Laboratory, Medical, and General Care	142,961.00
-08 Heat and Other Plant Operation	494,120.00
-09 Farm and Grounds.	1,600.00
-10 Travel and Automotive Expenses.	10,050.00
-11 Advertising and Printing.	4,710.00
-12 Repairs, Alterations, and Additions	194,515.00
-13 Special Supplies and Expenses	15,000.00
-14 Office and Administrative Expenses	96,000.00
-15 Equipment	27,203.00
-16 Rentals	17,999.00

TOTAL MAINTENANCE EXPENDITURES	<u>\$5,483,927.00</u>
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BALANCE OF MAINTENANCE APPROPRIATION 1980	\$ 32,884.00
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INVENTORY

GRAND SUMMARY SHEET

JUNE 30, 1980

REAL ESTATE

Land	<u>165.7</u>	acres	\$1,254,000.00
Buildings			<u>8,193,800.00</u>

TOTAL REAL ESTATE	\$9,447,800.00
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UNDISTRIBUTED SUPPLIES *Materials and Supplies Only

-04 Food	\$ 19,114.22
-05 Clothing	106.57
-06 Housekeeping	4,566.37
-07 Laboratory, Medical, and General	389.84
-08 Heat, Light, and Power	20,540.45
-09 Farm and Grounds	0-
-10 Travel and Automative	575.65
-12 Repairs	907.84
-14 Office and Administrative	0

TOTAL UNDISTRIBUTED SUPPLIES	\$ 46,200.94
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DISTRIBUTED SUPPLIES

TOTAL DISTRIBUTED SUPPLIES	\$ 445,406.26
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GRAND TOTAL

Real Estate	\$9,447,800.00
Undistributed Supplies *	46,200.94
Distributed Supplies	<u>445,406.26</u>
TOTAL	\$9,939,407.00

STATEMENT OF EARNINGS

BOARD OF PATIENTS

Direct Payments	\$ 320.00	
Blue Cross	332,503.00	
Other Third Party Insurers	<u>150,812.00</u>	
		\$ 483,635.00

OUT-PATIENT SERVICES

Direct Payments	\$ 4,316.00	
Blue Cross	17,254.00	
Other Third Party Insurers	<u>2,209.00</u>	
		\$ <u>23,779.00</u>

TOTAL BOARD AND OUT-PATIENT SERVICES		\$ 507,414.00
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SALES AND RENTS

Food	\$ 10.00
Lab., Med., etc.	204.00
Repairs and Alterations	410.00
Equipment	400.00
Meals	18,345.00
Room Rents	13,251.00
Commissions on Pay stations, washers and vending machines	<u>1,282.00</u>

TOTAL SALES AND RENTS	\$ 33,902.00
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MISCELLANEOUS

Jury Fees	\$ 270.00
Prior Years Refunds	<u>2,878.00</u>

TOTAL MISCELLANEOUS	\$ 3,148.00
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TOTAL CASH RECEIPTS REVERTING AND TRANSFERRED TO THE STATE TREASURER	\$ 544,464.00
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FEDERAL SHARE OF MEDICAL ASSISTANCE TITLE XIX	<u>2,072,769.00</u>
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\$2,617,233.00

MEDICAL AND EDUCATIONAL FUND FOR THE HANDICAPPED, INC.

The Medical and Educational Fund for the Handicapped, Inc. was chartered in 1976 as a non-profit Corporation dedicated to meeting the medical and educational needs of individuals with disabling handicaps.

As of June 30, 1980, twelve separate programs are funded through, and operated by the Corporation: These fall into three basic categories:
-Programs serving only Massachusetts Hospital School residents and students

THE DONOVAN LIVING EXPERIENCE

On-Campus transitional housing experience for MHS students preparing to live independently in the community.

MHS SUPPLEMENTAL EDUCATIONAL SERVICES

An 89-313 grant which funds alternative educational and recreational programs to supplement and enrich the total educational experience of MHS students.

MHS CORE EVALUATION TEAM LIAISON

Liaison with MHS staff, students and parents, educational and vocational agencies, and community resources; responsible for development and implementation of comprehensive educational and service plans for students.

MHS AMBULATORY AND ANCILLARY SERVICES COORDINATOR

Assistant to the Medical Director and Liaison to Comptroller and Superintendent; regarding business and medical activities of all ambulatory and ancillary departments at MHS.

-Programs serving Massachusetts Hospital School residents and the local community.

BAYLIES BEGINNING CENTER

An integrated educational intervention and parent training unit for families of handicapped children.

EARLY BEGINING CENTER

Educational and therapeutic infant/toddler program for severely multi-handicapped children aged 0-16 years.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RECEIVED
JAN 10 1964
FROM THE LIBRARY OF THE
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COLE-HARRINGTON CHILDREN'S CENTER

Educational day care services for young children. We serve MHS employees, the community, and some MHS residents.

-Programs serving residents of other institutions

GAEBLER AFTER SCHOOL PROGRAM

After-school program coordinating family, school and community supports in preparation for children's attendance at public schools.

LAKEVILLE HOSPITAL SUMMER EDUCATION PROGRAM

Additional educational services for multi-handicapped children who reside at Lakeville Hospital or in the community.

SSI MEDICAL REVIEW TEAM (ended March, 1980)

A component of the state (DPH) administered, federally funded SSI Disabled Children's Program, whose function is to ensure comprehensive services for SSI-eligible children 0-16 years.

EVALUATION TEAM LIAISON PROJECT - Lakeville, Taunton, Dever (July 1980)

Provides liaison with institutional staff and students to insure the IEP is implemented. Staff are responsible for the development of comprehensive educational and service plans for students.

SUMMER IN-SERVICE INSTITUTES

This is a grant from the Department of Education to fund and organize summer in-service training for private and public teachers and administrators of programs for young children with special needs.

